



Demonstration of Competency

Employer: _____

Date of Hire: _____ Date of Demonstration: _____

Employee Name (please print) _____ has demonstrated competency in the following skills:

- (9) Skin, feet, nail care, shampoo, oral care
- (28) Accompany to care plan activities
- (32) Bathing
- (33) Dressing/Undressing
- (34) Transfer
- (35) Feeding/Eating
- (36) Toileting
- (37) Bed mobility
- (38) Locomotion
- (39) Meal preparation.
- (40) Daily housework (mopping, dusting, dishes)
- (41) Laundry
- (42) Grocery Shopping
- (44) Routine housework (vacuum, change beds, wash floors)
- (65) Health Maintenance – Ventilator
- (66) Health Maintenance – Tracheostomy
- (67) Health Maintenance – Suctioning
- (68) Health Maintenance – Catheter/Ostomy Care
- (69) Health Maintenance – Feeding Tube
- (70) Health Maintenance – Treatment/Dressing/Wounds
- (71) Health Maintenance – Care of Skin
- (72) Health Maintenance – Bowel Regime
- (73) Health Maintenance – General (specific task(s) defined on the Initial Employer Referral _____, _____)

My signature below indicates that this employee has successfully demonstrated the skills checked above and has been deemed competent to perform the authorized service tasks list on the Initial Employer Referral.

Employer Signature: _____ Date: _____



Orientation Statement

Employer: _____

Employee: _____

I certify that I have provided adequate orientation to the above named employee, regarding her/his role and responsibilities as an employee.

Orientation Topics	Date of Orientation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employer Signature: _____ Date: _____



Confidentiality Policy

Employer Name: _____

Client Name: _____

Employee Name: _____

Employees are prohibited from disclosing to anyone who is not an agent or employee of the agency or to anyone within the agency who does not have a need to know, any information about the client unless one of the following conditions is met:

1. Disclosure of information is required by court order.
2. Disclosure of information is required for program monitoring and evaluation by SeniorsPlus or Federal and State law.
3. Documentation includes informed consent of the member or legal representative by providing the client or legal representative an explanation of purpose of the disclosure and to whom disclosure would be made.

Employee Signature: _____ **Date:** _____



Drug, Tobacco, and Alcohol-free workplace

Employer Name: _____

Client Name: _____

Employee Name: _____

As a Family Provider Service Option agency, it is a requirement to have a zero tolerance policy for using illegal substances, tobacco or alcohol in a client's home or vehicle during work hours. Staff may not work with a client while under the influence of prescription medications that impair the ability to function.

Employee Signature: _____ **Date:** _____